



**APPLICATION FOR RELEASE OF INFORMATION
SUNNYVALE DEPARTMENT OF PUBLIC SAFETY**

None of this information is required, completion will assist
in the processing of your request.

If you are the arrested party, please contact the Records Staff for assistance.

REPORT# _____

DATE _____

Date/time of incident:

Type of report:

Location of incident:

Name(s) of involved party(ies):

Name of applicant:

Information requested:

☐ Report ☐ Photos ☐ Address search

Contact Number/Fax

☐ Other _____

Address if you wish the response to be mailed to you

NOTICE: If you are requesting information that involves a juvenile your request may require a Juvenile Court Waiver. Please see Records Staff for additional details.